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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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|--|------------------------|----------------------|--|
| | Application Number | 10/051,752 | |
| | Filing Date | 01/16/2002 | |
| | First Named Inventor | John D. Puskas | |
| | Art Unit | 3766 | |
| | Examiner Name | Layno, Carl Hernandz | |
| | Attorney Docket Number | P-11353.08 | |

| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
|--|-------------------------------------|--|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | |
| all the attorneys/agents of record. | all the attorneys/agents of record. | | | |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | |
| the attorneys/agents associated with Customer Number | 27581 | | | |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | |
| The reasons for this request are: the undersigned's client (Medtronic) recently sent a notice of termination of an exclusive license to the above-identified application to Mr. Tausche. | | | | |
| above-identified application to Mr. Tausche. | | | | |
| | | | | |
| CORRESPONDENCE A | DDRESS | | | |
| 1. The correspondence address is NOT affected by this withdrawal. On the correspondence address is NOT affected by this withdrawal. Mr. James Tausche at the | | | | |
| 2. Change the correspondence address and direct all future correspondence to: address below. | | | | |
| The address associated with Customer Number: | | | | |
| OR | | | | |
| Firm or Individual Name James G. Tausche | | | | |
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| Signature W () VW | | | | |
| Name Jeffrey J. Hohenshell | Registration No. 34,109 | | | |
| Date May 11, 2007 | Telephone No. (763) 391-9661 | | | |
| NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. | | | | |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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The **Privacy Act of 1974 (P.L. 93-579)** requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

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